Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		Elicot	ive Octob	01 1, 20					948	<u>4 0</u>	915	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			18					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
ТО	TAL CHARGEA	BLE CLAIMS	18 minus 20= *		· Ø	· Ø		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			₩ minus 3 = *		* 1			X40=		1	X80=	80
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		<u> </u>					OR	1	
* If	the difference	in column 1 is	loss than 76	ro ente	r "∩" in c	column 2		+135=		OR	+270=	700
11						Joidinii 2		TOTAL		OR	TOTAL	790
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
<b>∀</b>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM					OR		
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	١.					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN.	T CLAIM		J	. 105			+270=	
								+135= TOTAL		OR	TOTAL	•
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS	1		mn 2) HEST	(Column 3)	1.			1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI-* TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er fou	und in the app	oropriate bo	x in co	lumn 1.	